ூ.S. D. partment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 32/0

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

7/1/200 Through: 6/30/2005

3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Rodney D Skaggs	Name Painters Local 1012				
, J	Labor Organization File Number 052-627				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 5010 Cannons burg Kd.	Street 2001 Pine Str-				
Cat letts burg	city Kenova				
State KY ZIP Code +4 41/29	State W V ZIP Code + 4 25536				
5. Position in labor organization. President					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount				
Street					
City					
State ZIP Code + 4					
Signature					
15 Signature and verification. The undersigned declares under negative of Perium and other applicable penalties of the law that all of the information					

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

606-465-2015

Telephone Number

Name	of Po	rener	Filina

Kalvay Maggs

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

ZiP Code + 4

or Consultant

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File Number U- 32/0

substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor org	is actively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any:	a. Labor Organization b. Trust c. Employer	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZJP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m	I under parts A and B above) noney or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	· ·	

14.b. Amount of payment.

13.b. Is the Business an Employer

State